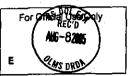
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

vered From:  Through:  Through:  Through:
nber, and address of labor organization.
ation File Number
ding and Room Number, if any
ZIP Code + 4

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Control of the C	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street Street	NOTHING TO RESON
City	
State ZIP Code + 4	

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed



Date

Telephone Number

erson Filing	File Number U-
sid an interest in or derived income or economic benefit with monetary stantial part of which consists of buying from, selling or leasing to, or or an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of tealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise
3. Name and address of Business (Including trade name, if any).	9. Business deals with:
Name 2	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street Street	c. Employer
City	NOTHING TO PERON
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name E. S. C.	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State ZIP Code + 4	
MOTHING TO REPORT	
	12.b. Amount.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	nder parts A and B above) ev or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name Same	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street Street	
ity seed to be a s	
State ZIP Code + 4	
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.  MOTHIHL TO REPORT
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